

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028067

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 139

Primary Registration District No. 4223

Registrar's No. 56

FILED AUG 12 1963

## 1. PLACE OF DEATH

a. COUNTY Holt

b. CITY (If outside corporate limits, give TOWNSHIP only)  
MaitlandLength of stay in lb  
20 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Holt

c. CITY  
OR  
TOWN MaitlandInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Hulda Alice NEVINS4. DATE  
OF  
DEATHMonth Day Year  
7-22-1963

## 5. SEX

FEMALE

## 6. COLOR OR RACE

Cau.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

1-31-1890 73

## 9. AGE (last birthday)

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

## 11. BIRTHPLACE (City and state or country)

Stidmore, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

ALONZO CARR

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

CHARLES NEVINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates)

No

## 16. SOCIAL SECURITY NO.

Sterling Nevins, Maitland, Mo.

18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

12 Hours

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Pneum Cerebral Thrombosis 6-7-63.

PART III. If deceased was female was  
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from JUNE 7, 1962 to JULY 22, 1962 and last saw her alive on JULY 8, 1962

Death occurred at 1:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Libby J. Ford

## 22b. ADDRESS

1302 FARMER

## 22c. DATE SIGNED

8-5-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

7-24-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Maitland Cem.

## 23d. LOCATION (City, town, or county)

Maitland Mo.

## (State)

## 24. FUNERAL DIRECTOR

Alchison-Maryville, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

8-8-1963

## 26. REGISTRAR'S SIGNATURE

James H. Ford

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed G. M. Atchison

Licensed Embalmer No. 2279  
P. O. Address Marionville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.

Embalmed 2011-8-8